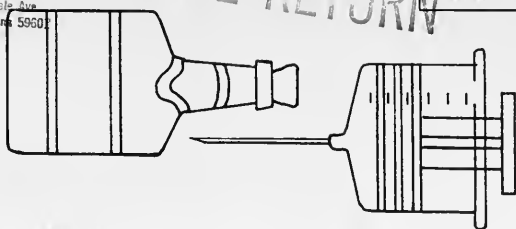


The Habit

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MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 6, Number 4

June-July, 1980



Danny Peressini

Peressini Heads MASC

Danny Peressini has been named director of the Montana Alcoholism Service Center at Galen. He has wide experience with Montana alcohol programs as he served for ten years as director of Hill-Top Recovery Center in Havre and for three years as program evaluator for the ADAD.

During the time that Peressini has been at Galen he has been particularly impressed by the number of young people (ages 12 to 19) who are coming there for treatment. Many of them, he says, have recognized their problem and come on their own, and most are very serious about utilizing the Center's program to recover.

To meet the needs of this group Peressini has established a youth component to help with their particular problems.

He has also established a component for women which works within the larger program to deal with specific women's issues.

Family programs have been re-instituted. The programs consist of the patient's family members spending the last week of treatment at the Center.

Peressini sees lack of sufficient staff as his primary problem, saying that the Center has been over-capacity for the last three months. Patients are having to remain in the hospital longer than the ideal time while waiting for an opening at the Service Center.

Gallatin, Madison, and Beaverhead Counties are now being served by the Tri-County Alcohol Services, Chuck Heath, program administrator. The program has counselors in Bozeman, Ennis, and Dillon.

Funds Awarded

The ADAD has awarded the State discretionary funds shown below to Montana alcohol programs. Federal funds that were also awarded are not reflected in the figures shown here.

Boyd Andrew	\$42,755
Tri-County	18,981
Kalispell	34,124
Lincoln County	49,648
Wheatland County	5,224
Hilltop	26,490
District II	10,145
District III	26,517
Sweetgrass	4,299
Lewistown	14,703
Musselshell	10,135
Park and Meagher Counties	25,463
Deer Lodge County	15,507
Powell County	11,503
Ravalli	5,118
Fort Belknap	15,089
Medicine Pine Lodge	11,711
SCMHC	17,491
Missoula Alcohol Services	
and Mineral County	14,264
Providence	45,639
Total	\$404,816

New Program Started

John R. DeLuca, NIAAA director, has announced the development of the Alcoholism Service Development Program (ASDP). The program is a revision of the State Alcoholism Services Demonstration Program (SASDP) which was announced to the field in March 1979.

The new program provides for the inclusion of local governmental jurisdictions such as counties, cities, regional mental health/alcohol/drug abuse boards, etc., as eligible applicants.

The purpose of the SASDP was to improve the effectiveness of the state's alcoholism services system through increased coordination between the Institute and the State Alcoholism Authorities.

The ASDP extends this basic concept to embrace geographic areas that are smaller than a state. This is not in any way intended to stimulate or even permit competition between a state and smaller political-geographic areas within the state.

Rather it should be seen as an opportunity to begin this process of program integration and coordination on something less than a statewide basis, or, in the absence of interest in a statewide program, to permit the application of these principles at the county or local level.

For additional information or clarification concerning the program or application process, please contact the ADA or Gil Shaw, Chief, Special Projects Branch, Room 11A-02, Parkland Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: 301-443-1374

Courts Schools To be Up-graded

Montana Court Schools will be standardized and up-graded by a new ADAD project, Training and Resource Education on Alcohol and Drugs (T.R.E.A.D.) designed by Candis Compton, project director, and funded by the Highway Traffic Safety Division, Department of Community Affairs.

The project will implement a new Court School curriculum developed by the ADAD and the Western Regional Support Center and will aim for quality assurance for curriculum and for court schools as a whole. To provide this assurance the following steps will be taken:

1. Instructors will have to be trained in implementation of the curriculum and have prevention and education endorsement included in their certification.

2. The ADAD will develop and implement a plan that will require any suggested changes to come through the project director so that all programs in the state will do the same thing.

3. Participants will be tested at the end of the school to be sure they have learned what they were expected to learn.

4. Approval of a program's Montana Court School will be required in the program evaluation.

Another facet of the T.R.E.A.D. project will be the use of seven target communities, Butte, Kalispell, Great Falls, Havre, Missoula, Bozeman, and Billings, to develop a model to improve the entire DWI process.

Representatives of the seven communities law enforcement, criminal justice system, and alcohol/drug programs will be encouraged to form networks which will be trained with the DWI curriculum about the nature of chemical dependency, the legal issues involved, and their own roles and responsibilities. They will also assess problem areas, share resources, design strategies for change, and make recommendations for implementation in other Montana communities.

Compton will be assisted by Bill Elliott, educational consultant.

State Funds Not Needed

The Frances Mahon Deaconess Hospital Chemical Dependency Center has been operating without state funding since July 1, 1980. The hospital was authorized to receive funding for four years, but did not request money for the fourth year.

In announcing the decision Kyle Hopstad, hospital administrator, said, "We feel Medicaid should pay for treatment of eligible patients and not treat them as second class citizens by refusing to pay for chemical dependency."

During their meeting, the State Advisory Council commended the Chemical Dependency Center for meeting its agreement to become self-supporting and for doing so a year early.

Editorial

by Michael A. Murray

In this issue we are including a brief overview of what, together, the field accomplished in FY 80. In a future issue we plan to take an in-depth look at clinical and administrative advancements made in the field since the founding of "A.T. and R." at Warm Springs in October 1957 by Dr. Robert Spratt.

Major accomplishments as listed in the State Plan are:

1. During FY 80, 5596 primary alcohol clients and 1320 family members were admitted to statewide alcoholism programs. In addition, alcohol programs admitted 1,216 persons to DWI court school educational programs.
2. The state employee assistance program provided referral services to 59 persons.
3. Draft certification standards were completed this year and have been submitted for public hearings. The system is competency based and will provide for basic certification and endorsement in four specific areas; these are:

- Counseling-alcohol
- Counseling-drugs
- Prevention/Education
- Management/Supervision

4. County planning was initiated during FY 80 in accord with Section 53-24-211 MCA. Standardized guidelines for county alcohol and drug plans were developed by the Division and a public hearing regarding the county plan format was held prior to its adoption in the Administrative Rules of Montana.

5. The computerized alcohol information system was revised during FY 80 to include a follow-up data collection system for the purpose of measuring program effectiveness and client changes (treatment outcomes) between admission, discharge and follow-up. The revised system was implemented in all state-approved alcohol programs in January 1980 and a computerized Program Effectiveness Output Report will be available quarterly beginning in July.

6. A *Third Party Reimbursement Manual* was published by the Division to help treatment programs understand the new insurance law (Section 33-22-701 MCA) which provides for alcohol and drug treatment in individual and group health policies.

7. A prevention planning study was completed during FY 80. Based on the study, a prevention plan was developed which establishes prevention priorities and an action plan for meeting identified prevention needs.

Holmes Leaves

On June 13, Linda Holmes completed her last day as administrative aide for the Montana Drug Program and coordinator for CODAP data for the State of Montana. During her years as liaison for the collection and reporting of client oriented data on drug abuse treatment, the work which she did kept Montana above average nationally in its CODAP reporting.

Linda began her work in the field of drug abuse treatment seven and a half years ago in the Butte-based regional office of what was at that time the Southwestern Montana Drug Program (SMDP). During her employment Linda participated in helping many new programs develop solid management and reporting procedures which facilitated the offering of quality outpatient drug free treatment services to residents throughout much of the state.

Drug abuse treatment funding changes resulted in the conversion of the SMDP from a regional program to a component of a broader statewide treatment service delivery system. These changes resulted in relocation of the CODAP coordinators position to the ADAD offices in Helena. Linda chose to remain in the Butte area, where she has obtained other employment. She will be missed.

Two out of five American families consider alcohol and drug problems among their major problems —Gallup

Introducing — Phyllis Burke



Phyllis Burke

Phyllis Burke has joined the ADAD staff as administrative aide. She is not entirely new to the division as she worked here before and has returned after a four year absence.

In the years between ADAD jobs she worked as an advertising consultant in Medford, Oregon and, after returning to Helena, worked for Ideal Temporaries and the Department of Fish, Wildlife, and Parks.

She has found that many of the people here are old friends and many are new. She was glad, she said, when a job here became available because when she worked here before, "It was one of my favorite jobs."

Information Available

The National Clearinghouse for Alcohol Information has been established as a service of the NIAAA to make available current knowledge on alcohol-related subjects. As the information arm of the Institute, the Clearinghouse shares in the national goal of reducing alcoholism and alcohol-related problems.

To increase awareness, understanding, and concern for those problems, the Clearinghouse promotes the use of its various products and services and provides information relevant to the group or individual requesting information.

A number of free products and services are available through the Clearinghouse. Requests can be submitted by mail to the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.

Services are

—Responses and Referrals

—Literature Searches — When requesting a search define the subject area as closely as possible and include a daytime telephone number.

—Publications — Order forms and lists of materials available from the Clearinghouse can be obtained from the address shown above.

—Directories of Treatment Resources

—Alcohol Topics in Brief — a series of fact sheets which offer concise information on subjects of high interest to the alcoholism community.

—Selected Translations of International Alcoholism Research

—Law and Legislative Summaries

The Clearinghouse offers three subscription services

—NIAAA Information and Feature Service — a news service with no subscription charge.

—Alcohol Health and Research World — the quarterly magazine of the NIAAA, annual rate, \$6 40

—Current Awareness Service — a free service providing continuing notification of recent technical and scientific books, journal articles, conference proceedings, and programmatic materials. Registration forms are available from the Clearinghouse.

Introducing — Mike Mahoney



Mike Mahoney

Mike Mahoney is the ADAD's new program evaluator. Before joining the division, Mahoney was with the Southwestern Montana Alcoholism Services where he served as court school coordinator and alcoholism counselor.

In his former job he was, of course, subject to state evaluations and he says that he is excited about being "on the other end of the spectrum." He is anticipating the challenge of the new job which he sees a very valid thing in insuring quality services in Montana.

Mahoney is a graduate of Carroll College in Helena where he was linebacker for the Saints football team. He keeps in top condition by regular running, weight lifting, racquetball and fishing.

Rural Newsletter Published

The R&D Resource Center for Rural Mental Health publishes a newsletter, *Rural Connections*, for the purpose of reporting innovative programs and research applications in rural mental health care. It has also established a toll-free telephone number (800) 424-9679 "for use by individuals, organizations, and government officials in rural and nonmetropolitan areas and cities and towns with fewer than 50,000 residents. The line may be used to request publications, reference assistance, and information about rural community programs."



Preparing to board the plane for the Montana Advisory Council on Alcohol and Drug Dependency's July meeting in Havre are left to right: William Spoja, Lewistown; Floyd Mathison, Lewistown; Dr. Robert Van Horne, Missoula; and Menhe Herlevi, Rad Lodge.



THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

Michael A. Murray, Division Administrator.
Robert W. Anderson, Reporting and Evaluation Bureau Chief.

Darryl Bruno, Community and Program Development Bureau Chief.

Editor, Lynne Scott
Comments and suggestions from readers are invited: phone (406) 449-2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.

FmHA Loans Can Help Community Facilities

Farmers Home Administration (FmHA) is authorized to make loans to develop community facilities for public use in rural areas and towns not to exceed 10,000 people.

The funds may be used to construct, enlarge, extend, or improve fire stations, libraries, hospitals, clinics, community buildings, industrial parks, or other community facilities that provide essential service to rural residents, and to pay necessary costs connected with such facilities.

Borrowers may also use the money for roads, bridges, utilities, and other improvements or to acquire interest in land, leases, and rights-of-way necessary to the development of the facility.

Interim commercial financing will normally be used during construction, and FmHA funds will be available when the project is completed. If interim financing is not available or if the project costs less than \$50,000, multiple advances of FmHA funds may be made as construction progresses.

Loans are available for public entities such as municipalities, counties, and special purpose districts. Nonprofit corporations may also receive loan assistance when adequate plans for loan repayments are made. In addition, borrowers must:

- be unable to obtain needed funds from other sources at reasonable rates and terms
- have legal authority to borrow and repay loans, to pledge security for loans, and to construct, operate, and maintain the facilities or services
- be financially sound, and able to organize and manage the facility effectively
- base the project on taxes, assessments, revenues, fees, or other satisfactory sources of money sufficient to pay for operation, maintenance, and reserve, as well as retire the debt
- be consistent with available comprehensive and other development plans for the community, and comply with Federal, State, and local laws.

The maximum term on all loans is 40 years. However, no repayment period will exceed any statutory limitation on the organization's borrowing authority or the useful life of the improvement or facility.

The interest rate currently is 5 percent on the unpaid principal.

Applications may be obtained at the local county offices of the Farmers Home Administration. The county office staff will be glad to discuss services available from the agency and explain how to prepare a written application.

The Farmers Home Administration will assist the applicant in making the first determinations regarding engineering feasibility, economic soundness, cost estimates, organization, financing, and management matters in connection with the proposed improvements.

—Rural Connection

Nurses Group Organizes

The National Nurses Society on Alcoholism (NNSA) organized in 1975 is the newest of three component members of the National Council on Alcoholism. It now has over 300 members and conducts its annual meeting in conjunction with the NCA Forum held in late April of each year.

The Forum provides nurses in alcoholism an opportunity for collegial support and professional exchange of information. NNSA's purpose, education of the public in matters of alcoholism and promotion of quality nursing care of alcoholics, is in concert with the purpose of NCA.

Nurses interested in the NNSA should contact the national office at 733 Third Avenue, New York, N.Y. 10017.

Five hundred copies of this publication were produced at a unit cost of 4.9 cents per copy, for a total cost of \$245.80 which includes \$212.20 for printing and \$33.60 for distribution.



Looking moderately mystified at Kalispell certification hearings are, left to right: Jim McIntosh, Ord Clerk, and Jay Ertz.



Listening to Bob McConnell, standing, explain the certification procedure to the Glendive hearings are, left to right: Larry Redcliffe, Jack Poleri, Doug Austin, Cathy Shinen, Nick Rotering, and Virginia Klein.

Funding Breakthrough

One of the first major breakthroughs in Federal reimbursement for community alcohol and drug abuse services was enacted permanently on June 17, 1980, when the President signed Public Law 96-722. The law, which contains a package of finance amendments, enables States to seek Title XX matching funds for specific alcohol and drug abuse services.

Since the introduction of the amendments in 1975 by then-Senator William Hathaway (Maine), the provisions have been allowed to lapse twice by Congress for extended periods of time. Each time the temporary provisions were re-enacted, the legislation included amendments making the provisions retroactive in order to reimburse States for expenditures made during that lapse period. Many States continued to provide these services believing that the Congress would make the provisions a permanent part of the law. Since the provisions included in Title XX of the Social Security Act are now permanent, States will be able to provide these services without interruption or fear of non-reimbursement by the Federal government for a share of the expenditures.

Services included in the legislation provide for the use of Title XX funds to cover the entire rehabilitation process for alcohol and drug abusers, including initial detox, short-term residential treatment and additional specific residential treatment for periods of up to seven days. In addition, funds for personnel training or retraining directly related to alcohol and drug abuse services provided under Title XX are included in the law.

—NASA BAD Alcohol & Drug Abuse Report

TA Works Toward Quality Care

ADAD technical assistance, which until now has been geared toward completing training for the management information system (MIS) has essentially completed its job in that area. The MIS is in place and working fairly well, freeing technical assistance Kay Flinn to help programs with their primary function—providing quality care.

In pursuit of that goal, assistance for treatment plan writing, progress note documentation, and intervention skill development will be available upon written request.

Assistance provided for client treatment plan writing and progress note documentation will be adapted to whatever philosophy of treatment a program uses. For example, if the program is A.A. oriented treatment plans will be geared to that; if it is reality therapy oriented, plans will be geared to that; treatment plans for Native American programs will reflect the good things available in that culture which lead toward rehabilitation.

Intervention is another important area in which assistance is available. Outpatient programs can be geared to work with family members and employers in doing more intervention.

Assistance is also available in working with family members as primary clients. If we are going to describe alcoholism as a family disease we need to offer the co-alcoholic primary treatment.

Certification Quiz

Although most program personnel have attended certification information meetings conducted over the past two months, some questions regarding certification standards still exist.

The following quiz, according to the ADAD certification section's Bob McConnell, may "aid in resolving your own problem as to 'what I have always wanted to know about certification but was too busy to ask.'"

QUESTIONS

1. There are _____ endorsement areas in the certification proposal.
A. 5 C. 4
B. 3 D. None
2. I must have a college degree in order to be certified?
True _____ False _____
3. I must have a minimum score of _____ points on my written exam to be certified
A. 25 points C. 35 points
B. 15 points D. 50 points
4. There are three proficiency checks in order to be certified: oral exam, written exam, and work sample
True _____ False _____
5. Oral exam panelists will be selected from:
A. Drug/alcohol personnel
B. Outside experts
C. None of the above
6. There is a continuing education requirement to remain certified?
Yes _____ No _____
7. To meet the work sample requirement I must submit _____
A. Two tape recorded counseling sessions
B. My work history
C. A portfolio
D. All of the above
8. If I am registered I am certified
True _____ False _____
9. If I want to have more than one certificate endorsement I should _____
A. Apply for all areas now
B. Wait until I need other endorsements
C. Apply for one endorsement a year

ANSWERS

- 1 — C. 4
- 2 — False
- 3 — C. 35
- 4 — True
- 5 — A. Drug/alcohol personnel
- 6 — Yes
- 7 — A. Two taped counseling sessions
- 8 — False
- 9 — C. Apply for one endorsement annually

Europeans have begun to consider the possibility that American's underlying strains—social conflict, economic inflation, criminality and drug addiction—are signs of a profound disability which could weaken America for years to come.

—Foreign Affairs

Penalties Supported

Dr. Gary Graham, medical director for the Kemper Group, one of the pioneers in insurance coverage for alcoholism, testified in support of SB 2816 which mandates stiffer penalties for convicted drunken drivers.

In testimony before the Senate Subcommittee on Consumers in Washington he said that he felt the knowledge of the mandatory jail sentences or license revocation may result in some police officers becoming even more reluctant to arrest drunken drivers.

"Nonetheless, I and my company support the intent of SB 2816," Graham said. "It provides the necessary combination of counseling assistance to those willing to recognize their problem and come to grips with it. And it has the judicial teeth to remove those habitual offenders who do not handle their problem and therefore continue to be deathly highway menaces."

Dr. Graham said the strengths of Senate Bill 2816 were mandated rehabilitation and counseling efforts for alcohol misusers coupled with punishments which, although severe, are designed to eliminate future alcohol misuse.

SB 2816 calls for mandatory 10-day jail or community service sentences for the first offense and mandatory counseling. A second offense calls for revocation of driver's license for one year.

"It is estimated that more than 50 percent of all fatal traffic accidents involve alcohol," Dr. Graham said. "Needless to say, I support the intent of SB 2816."

"I do have some concerns, however," he added.

"Our judicial system is often blamed for allowing the habitual drunken driver back on the highways. Great latitudes allowed in punishment have been cited. Judges, society has charged, are not tough enough when meting out sentences and license revocations

"Senate Bill 2816 would remove much of this judicial latitude. However, I am concerned that perhaps we are merely shifting the burden from the judicial branch to the enforcement segment of the system "

What Happens at Lighthouse

by Cynthia McElderry

Lighthouse is an in-depth, intensive, therapeutic community for drug abusers. It is a program for those individuals who realize that they have a drug problem and have already made the decision to change.

Lighthouse provides the drug abuser with the opportunity to redirect his life-style in such a way that he no longer feels the need to abuse drugs. The program requires involvement in a wide variety of individual and group therapy modalities, occupational counseling, family counseling, and social and recreational activities. The principal therapeutic modality at Lighthouse is an intense community-oriented therapeutic milieu in which the residents themselves are agents of change.

Lighthouse is divided into three phases. Phase I is an orientation phase designed to allow individuals to take some time (usually two to four weeks) to become accustomed to Lighthouse and develop treatment goals.

Phase II is termed the "working phase" in which the individual's problems are identified and the process of change is initiated and maintained.

Phase III is an "exit phase" during which the person spends several weeks preparing for termination of inpatient therapy and preparing living arrangements for when graduation occurs.

Phase II comprises the vast majority of a client's treatment. During this phase, residents are expected to discuss problems, feelings, behaviors, attitudes, history, etc., in group therapy situations in which they receive insight, feedback, suggestions, confrontation, and other information from the staff and residents. The client is expected to develop the treatment goals he/she formulated in Phase I into a treatment plan with assistance from the staff and other residents

Lighthouse residents are expected to play a major role in the direction their treatment takes. They are also expected to be aware of the personality reconstruction work that the other residents are doing. Each resident is responsible for giving his/her perceptions, knowledge, experi-

ence, insight, etc. to the other residents to help them with the work they are doing.

Lighthouse endeavors to provide a supportive, caring environment to facilitate personal growth. Confrontation is used extensively within this environment to point out to clients their unproductive and maladaptive behaviors.

The information and tools necessary to learn how to live more productively without drugs are made available to clients through work they do in group therapy, individual counseling, and interactions with other residents. The philosophy of Lighthouse is that people can quit abusing drugs if they learn to use the information and tools necessary to meet their emotional needs.

As you may guess from the above discussion, measuring progress at Lighthouse is complicated, subjective exercise. Basically, we judge a client's progress by how well he/she is learning to understand him/her self and change those parts that need improvement. Often, a good indicator of a person's progress is how much he/she invests in Lighthouse emotionally.

There are some more concrete indicators of a person's progress at Lighthouse. One indicator is the type, number, and quality of therapy contracts a person has developed. Contracts are one of the primary tools used at Lighthouse. They consist of a statement of a problem or a group of related problems, how the person would like to be different, specific behaviors that are considered maladaptive, the specific behavioral changes necessary for the person to make the desired changes in his/her personality, and the permission for other residents and staff to demand that the individual abide by the contracted behavioral changes.

There are several privileges that a person can earn which tend to indicate his/her level of performance. Communication privileges are usually the first earned. These are earned by doing the various types of therapy necessary to understand and know how to improve the relationships with those significant others with whom communications are desired. The privilege of being allowed to take others outside the building indicates the person is trusted to be responsible, perceptive, assertive, and honest.

Visiting privileges indicate that the person not only has a full understanding of the relationships involved and knows how to improve those relationships, but has also demonstrated good communication skills, good judgement, good inter-personal skills, and the ability to handle a crisis should it develop during or after the visit.

The type of elected positions held by a resident is also an indicator of his/her level of responsibility and progress. These positions range from menial jobs to Group Leader, a highly responsible position.

Additionally, there are three staff-appointed positions, ranging in responsibility from Speakers Team to Shop Foreman to Escort. These positions, particularly Shop Foreman, and even more particularly, Escort are reserved for those who have done very well in their treatment. Escort, for instance, is a position obtained only by individuals who are totally trusted to be good representatives of the Lighthouse Staff.

We are proud of Lighthouse. The program is a difficult and demanding one, but it does work for the individual who is sincere in desiring to change his lifestyle.

ADPA Needs Members

The Alcohol and Drug Problems Association of North American, Inc. (ADPA) is encouraging drug and alcohol agencies to become members and be active in the campaign to save the NIAAA and NIDA State Formula Grant Programs for FY81. Membership is open to agencies (\$200 annually), individuals (\$25 annually), and students (\$15 annually). For information contact ADPA, 1101 Fifteenth St. N.W., Suite 204, Washington, D.C. 20005.

Stanclift Requests Program Input

The week of June 18, in Billings, Eastern Montana College sponsored the second annual Summer School on Alcohol and Drug Studies.

The ADAD training section is trying to work with Eastern to redefine and establish a new purpose for the summer school. However, this cannot be accomplished without some input from Montana program people, so the training section is polling the field for input and recommendations.

- 1 Do you wish to have, in Montana, an annual summer or winter institute on alcohol and drug studies?
Yes _____ No _____
Summer _____ Winter _____
- 2 What, in your opinion, is needed to make this event meaningful for you?
a. Speakers _____ who? _____

b. Course variety _____ what? _____

c. Training events that are specific to therapy; example, training in rational emotive therapy or reality therapy, etc. _____

d. Don't know _____ (I want to attend training but am not sure what I want.)

- 3 Does your attendance at a summer school depend on other factors?
Yes _____ No _____
a. Want to attend a school in a recreational setting _____
b. Want an out-of-state school _____
c. Can't get/take the time off _____
d. Other _____
- 4 What is the key factor(s) which determines whether or not you are interested in a summer school?
a. Certification _____
b. Location of the school _____
c. The agenda _____
d. Other _____